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APPLICANTS

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** CONTINUING DATA ***** *NONE MP* *****

** FOREIGN APPLICATIONS ***** *NONE MP* *****

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 ** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Examiner's Signature <i>[Signature]</i> Initials <i>MP</i>	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 6
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TITLE
 Mucus shaving apparatus for endotracheal tubes

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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